



## CONFIDENTIAL TAX INFORMATION AUTHORIZATION

*The Representative named on this form is authorized to receive confidential tax information from the City of Bellevue Tax Division. This form will be placed in the taxpayer's file.*

### 1. Taxpayer / Business Information` (please type or print)

Bellevue Registration No: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
UBI No: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Taxpayer name(s) and address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### 2. Representative (please type or print)

Name (including title, CPA, attorney, etc., if applicable) & address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### 3. Authorized Information and Year(s) or Period(s) (please be specific or state "All")

### 4. Revocation of Confidential Tax Information Authorization

If you want to revoke a prior tax information authorization, check this box..... ☐

### 5. Signature of Taxpayer(s)

I certify that I am shown in official Washington state records as the owner, corporate officer, registered agent, or partner of the above business/account and that I am authorized to execute this form on behalf of the business/account for the information and periods stated above. **If you are the guardian, executor, receiver, administrator, or trustee, please provide proof of your authorization.**

X \_\_\_\_\_  
Print Name

X \_\_\_\_\_  
Signature Date Title

X \_\_\_\_\_  
Print Name

X \_\_\_\_\_  
Signature Date Title